

Montana Women's Prison Visiting Questionnaire

Inmate Name _____ AO# _____

Your Name _____

Note: This form must be filled out completely and typed or printed legibly. If it is not complete or if we cannot read your handwriting, your application may be denied. You are only allowed to be on one inmate's visitor list at a time.

Street Address _____

Mailing Address _____

City _____

State _____ ZIP _____

Social Security Number _____ - _____ - _____

Occupation _____

Business Address _____

Phone 1-(_____) _____ - _____

Date of birth ____/____/____

Place of birth _____

State of birth _____

Age _____

Employer _____

Phone (_____) _____ - _____

Circle the answer that applies.

You are: **Male** or **Female**

Your relationship to the person you wish to visit You are the inmate's: **Mother Father Spouse Son**
Daughter Brother Sister Grandparent Friend Other _____

If you claim to be married to the inmate, you must attach a copy of the marriage certificate.

If you are a legal guardian of minor children who will be coming to visit with you, list them below. You must attach a notarized copy of proof of guardianship and/or Birth Certificate for each child. If you are not the legal guardian of the children, contact the visiting officer for the guardianship form.

Child's Name	Age	Date of birth	Male/Female	Parents' Names, if not you

- Have you ever been **arrested for a felony**? Yes ☐ No ☐ If yes, were you **convicted**? Yes ☐ No ☐
- List the last two convictions: Month & Year Sentence length Offense Served (check whichever applies)
 ____/____/____ Jail ☐ Prison ☐ Probation ☐
 ____/____/____ Jail ☐ Prison ☐ Probation ☐
- Have you ever been **arrested for a misdemeanor**? Yes ☐ No ☐
- Do you currently have any felony charges pending? Yes ☐ No ☐
- Are you currently on parole or probation? Yes ☐ No ☐

Where? City _____ County _____ State _____

What is the name & phone number of your Probation and Parole Officer? Name _____

Phone _____

When were you released from prison? Month/Year ____/____/____

Signature/authorization of Probation/Parole Officer to visit _____

When were you last released from an institution such as a pre-release/treatment center? Month/Year ____/____/____

I certify that the information I have provided is true and does not contain misleading statements. I also understand that, if any of the information is incorrect or incomplete, I may be denied visiting and mailing privileges.

Signature _____ Date ____/____/____

Visitor's Name _____ Inmate's Name _____ App _____ DIS _____

Mail this completed visiting questionnaire to: **Montana Women's Prison**
701 South 27th Street
Billings, Montana 59101
Attention: Visiting

Visiting questionnaires take approximately 2 to 6 weeks to process after the date of their return. Inmates are responsible for informing their visitor(s) whether they are approved or disapproved. If a visitor is disapproved, the inmate may appeal the disapproval to the Deputy Warden. One questionnaire must be completed for each adult wishing to visit.

1. All visitors must be on the inmate's approved visitor list.
2. The offender receives a copy of the notification if the visitor is approved.
3. Children are listed on the parent's or legal guardian's approved visitor's form. If not the parent, the visitor must have a special notarized approval from the legal guardian for each child.
4. No more than five people (including children) are allowed to visit an inmate at one time.
5. The maximum capacity of the visiting room is 44 people; out-of-town visitors have priority over local visitors. At times you will be asked to line up in this manner.
6. The **only** items visitors are allowed to bring into the facility are as follows:
 - Adults and minors 16 years of age and older are required to have a government-issued photo identification (not expired)
 - One handkerchief
 - One small plastic comb (no picks, brushes or rattail combs. Will be left in key box.)
 - Eye glasses
 - Prescribed medical appliances (will be left in key box.)
 - Up to \$15.00 in quarters, which must be brought in a clear plastic bag
7. Visitors with small children may bring in:
 - Two (2) clear plastic bottles of formula/juice per baby
 - One (1) factory sealed jar of baby food and a small plastic spoon
 - Four (4) diapers (will not be taken into visiting room)
 - One (1) baby blanket (not quilted and no larger than 3' X 3')
 - One small toy that does not make noise
 - A baby carrier (will be locked in no-contact room)
 - A diaper bag with only the items listed above (will be locked in no-contact room)
8. Visitors shall be well groomed.
9. Visitors must wear appropriate attire (clothing not to distract visitors, offenders or the visiting officers). Tank tops, tube tops, Spandex, Lycra, shirts or jackets with hoods, and see-through and tight-fitting clothing are not allowed. No tops that expose midriff or show excessive cleavage. Culottes, shorts, skirts and dresses are not to be above mid-thigh. No bib overalls or wind pants.
10. The following items are to be checked in and kept on the coat rack: shawls, ponchos, down-filled vests, sweaters, jackets, headscarves, hats and caps.
11. Clothing shall be sanitary and safe (clean clothes without holes).
12. Visitors are required to wear footwear.

Any visitor failing to comply with the visiting rules or found in possession of contraband will be denied visiting privileges and may be prosecuted for a felony under Montana law. Visitor pamphlets are available.

Visitors must arrive **30 minutes early** to check into the facility on 8th Ave. South at the Visiting Gate.

MWP Check-in and Visiting Hours

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Check in at 8 a.m.						Check in at 8 a.m.
8:30–10:30 a.m.						8:30–10:30 a.m.
Check in at 1 p.m.						Check in at 1 p.m.
1:30–3:30 p.m.						1:30–3:30 p.m.
		Check in at 6:30 p.m.		Check in at 6:30 p.m.	Check in at 6:30 p.m.	Check in at 6:30 p.m.
		7–8:30 p.m.		7–8:30 p.m.	7–8:30 p.m.	7–8:30 p.m.